

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000091910

Entity Name: ART SPOT LLC

**FILED**  
**Sep 30, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1740 SE PORT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

**New Principal Place of Business:**

451 SW DAUPHIN AVE  
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

1740 SE PORT ST. LUCIE BLVD  
PORT ST LUCIE, FL 34952 US

**New Mailing Address:**

451 SW DAUPHIN AVE  
PORT ST LUCIE, FL 34953 US

FEI Number: 87-0783635      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VENEZIA, FREDDIE  
451 SW DAUPHIN AVE  
PORT ST LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FREDDIE VENEZIA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VENEZIA, FREDDIE  
Address: 1740 SE PORST ST. LUCIE BLVD  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VENEZIA, FREDDIE  
Address: 451 SW DAUPHIN AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FREDDIE VENEZIA

MGR

09/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date